

MAR 17 1941

Registration District No. 68

Primary Registration District No. 7172

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Warren
(b) City or town New Florence Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Bond Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Resided in Mo. all life (Specify whether years, months or days)

8. (a) PRINT FULL NAME Frank H. Schroer
8. (b) If veteran, name war _____
8. (c) Social Security No. none

4. Sex M
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Frank Schroer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 15 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days _____ If less than one day hr. _____ min. _____

9. Birthplace Wentzville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
12. Name George Schroer
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Little
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Gloria Schroer
(b) Address Soulsburg Mo.

17. (a) Big Springs Cem. (b) Date thereof Feb. 17 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Big Spring Cemetery

18. (a) Signature of funeral director Leah Hasting
(b) Address Soulsburg Mo.

19. (a) Feb 16, 1941 (b) A. W. Clabing
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Warren 109
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. New Florence R.F.D.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 4 minute _____ A. M.
21. I hereby certify that I attended the deceased from Oct 12
_____, 1940, to Feb 14, 1941;
that I last saw him alive on Feb 14, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to Arterio sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature Charles T. Vance (M. D. or other) _____
Address Warrenton Mo. Date signed 1/16/41

Duration Oct 12 1940
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

900
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Carl A. Harding....., Registered Apprentice No.....
working under my personal supervision.

Signed Carl A. Harding
Licensed Embalmer No. 4115
P. O. Address Jonesburg, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.